## **REQUEST FOR AUTHORIZATION TO VOLUNTEER**



## BACKGROUND CHECK CONSENT

## AGREEMENT

## **ONLY 1 FORM NEEDED EACH YEAR**

BACKGROUND CHECK CONSENT FOR VOLUNTEERS. As a prospective volunteer of Gull Lake Community Schools, I understand that it is the school district procedure to secure conviction criminal history information from the Michigan State Police as part of its screening process for volunteers using the information provided below.

Cull Lake Community Schools Administration Office			
Authorized by:			Date
VOLUNTEER SIGNATURE			Date
For the protection of the children in the school, Gull Lake Community Schools is required by law to inquire whether prospective employees have been convicted of a crime related to children. This procedure calls for a comprehensive background check with the Central Records Division of the Michigan State Police. Volunteers are also required to agree to a background check for the sole purpose of obtaining a conviction only criminal history, by the school district, using the school district background check consent form. The school district appreciates the work of each volunteer for the time and efforts provided in the assisting in the operation of the schools. The signature of the volunteer below represents understanding of and agreement to the conditions listed above.			
I understand further that, as a volunteer, I am not in any manner considered an employee of the District or entitled to any benefits or compensation provided to employees. I further release the Gull Lake Board of Education from any and all liability for any damages, whatever their nature, which may result as a consequence of my volunteer services.			
I agree to abide by relevant board policies and implementing procedures while on duty for the District. I understand that, although I am covered under the District's liability insurance policy while acting on behalf of the school District in a reasonable and prudent manner demonstrating reasonable forethought. I am not covered by its health insurance policy nor am I eligible for worker's compensation. Should I become ill or suffer an accident while doing volunteer work for the District. I agree that I shall be responsible for any and all hospital and medical charges that may accrue.			
I understand that the above information is required by the Central Records Division of the Michigan State Police in Lansing, Michigan to do such a search. I authorize Gull Lake Community Schools to utilize the above information for the sole purpose of obtaining a conviction only criminal history file search from the Michigan State Police.  AGREEMENT WITH VOLUNTEERS. I have offered my services as a volunteer to help Gull Lake Community Schools in the following sport and/or activity:			
DATE OF BIRTH  MONTH DATE YEA	(check one)  Male  Female	White Asia	check one) n or Pacific Islander rican Indian or Alaska Native
VOLUNTEER'S	SEX	NUMBER:	RACE
DRIVERS LICENSE NUMBER	R	PHONE	
STUDENT NAME(S) AND SCHOOL BUILDING			
MAIDEN NAME OR NAMES PREVIOULY USED			
NAME (PLEASE PRINT)			